FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000051943

Corporation Name

ADVANCE ENGINEERING & TESTING CONSULTANTS, INC.

Principal Place of Business	Mailing Address
751 OKEECHOBEE ROAD HIALEAH FL 33010	P.O. BOX 491 HIALEAH FL 33011

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90040 030 ***158.75



				06/12/1997	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 7512	. OKeckober Rd	26		65-0700309	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of otalias busined	Fee Required
City & State	е,	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Highe	sh - Florida	28		Trust Fund Contribution	Added to Fees
Žip	Country	Zip	Country	8. This corporation owes the current year	
24 330			30	Personal Property Tax.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent
DAM	IDE7 ALDEDTO		81 Name	AMIREZ ALBERTO	i
1	irez, alberto Okeechobee road		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	1
			751 E	. OKFECH BEE Road	<u></u>
TIAL	EAH FL 33010		83		
			84 City		. 85 Zip Code
			LIALE		L ゴラ <i>010</i>
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	e the above-named com	poration submits this statement for the number	of changing its registered
office or fo	egistered agent, or both, in the State or m familiar with, and accept the obligat	or Horida. Such change was autions of, Section 607.0505. Flori	iutorized by the corporational statutes.	on's board of directors. I hereby accept the app	American as registered
-	, 2 doop, oongo				
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature require		
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RAMIREZ, ALBERTO		1.2 NAME	•	
STREET ADDRESS	751 OKEECHOBEE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33010		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LONDONO, ROCIO		2.2 NAME		
STREET ADDRESS	TEL OVEROUADER DOAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33010		2. 4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	-1	☐ Change ☐ Additio
NAME	WEBB, WAYNE		3.2 NAME		
STREET ADDRESS	751 OKEECHOBEE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33010		3.4. CITY-ST-ZIP		
TITLE	THE SECOND	☐ DELETE	4.1 TITLE		☐ Change ☐ Additio
NAME			4. 2 NAME		•
1			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Additio
ĺ		ے محدد ا	5.2 NAME		- · -
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		יון עבובוני	6.2 NAME		Li citatigo Li redado
NAME			l		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and acquate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or that receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or that receiver or trustee empowered.

SIGNATURE

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99

(305) 606 - 34 08 (305) 861-4973

Daytime Phone #